Name In Full

Certificate of Death

Ceremar Pritchett Carter,

Died at Town: Ridgely County: Caroline MARYLAND

Date 189 Month: 5 Day: 5 | Age Y. 31 M. 6 D. 9 | Native of Md | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living Four,

Husband ~~Wife~~ of Josiah Carter

Father's Name Alexander Pritchett | Mother's Name Maria Wilmer Pritchett

Cause of Death: Primary | How long sick 4 Months,

Immediate Pulmonary Tuberculosis | Accident, Suicide, Homicide

Reported by Dr. D. J. Stokes

Address Ridgely Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6595B

Name In Full Maggie Flowers

Certificate of Death

Town Denton County Caroline

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	5.	7	Aga about 12 Yrs.			

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Nama

24-5-2

Cause of Death: Primary

Immediate Spinal Meningitis

How long sick

Accident, Suicide, Homicide

Reported by G. D. Marshall MD

Address Denton Md.

Must ba signed by physician, if any in attendance, otherwisa by coroner, undertakar or minister.

LIBRARY BUREAU, 79598

Name in Full

Certificate of Death

Harrison Friend

Died at Town: Bethlehem County: Caroline MARYLAND

Date 1899 Month: 5 Day: 22 | Age Y.: 69 M.: — D.: — | Native of: Maryland | Occupation: Farmer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband ~~Wife~~ of Julia Friend nee Smart

Father's Name: Gabriel Friend Mother's Name:

Cause of Death — Primary: Arterio-Sclerosis 59 How long sick: 1 day

Immediate: Cerebral Hemorrhage Accident ~~Suicide~~ ~~Homicide~~

Reported by J. R. Phillips

Address Preston

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. ETOCR

Name in Full Julia A Lowe

Certificate of Death

Died at Town Denton County Caroline MARYLAND

Date 1899 Month May Day 12 | Age Y. 77 M. D. | Native of Delaware | Occupation

~~Male~~, Female | White, ~~Colored~~ | ~~Married~~, ~~Single~~, Widow, ~~Widower~~ | ~~Divorced~~, Number of children living

Husband of Wife W. W. Lowe

Father's Name Peter Dickerson Mother's Name Elizabeth Dickerson

Cause of Death: Primary Old age C. C. Consumption 22a — How long sick

Immediate — Accident, Suicide, Homicide

Reported by S Howell Jr Esq

Address Denton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. C. George

of Denton Md

Seen by Coroner .....

of .....

Name in Full

Certificate of Death

John E. Nichols

Died at Town: Concord County: Caroline MARYLAND

Date 1899 Month: May Day: 6 Age Y. M. D.: 72 Native of: Caroline Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 9

Husband / Wife of Nichols

Father's Name Don't know Mother's Name Don't know

Cause of Death: Primary Pericarditis 55 How long sick six weeks

Immediate Ditto ~~Accident, Suicide, Homicide~~

Reported by Alex. Wardcastle M.D.

Address Denton Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65960

Name in Full Clara Holines Scott

Certificate of Death

Died at Town Denton County Caroline MARYLAND

Date 189 9 Month 5 Day 10 Age Y. 1 M. 6 D. Native of Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living 4

Husband ~~of~~ Wife

151

Father's Name Jas Scott Mother's Name Annie Scott

Cause of Death Primary Concentrated Lye How long sick 3 days

Immediate Gastric Enteritis Accident, ~~Suicide, Homicide~~

Reported by S O Manship

Address Denton Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name In Full — Certificate of Death

Elijah Wallace Seward

Town — County

Died at — Caroline — MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 4	6-17	Age 4	10	17		

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband of
Wife

Father's Name: Geo. P. Seward — Mother's Name: Mary E. Seward

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: Greensboroughs Free Press

Address: 5-26

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78798

Name in Full Alonza Wallace

Certificate of Death

Died at Town Bethlehem County Caroline MARYLAND

Date 1899 Month 5 Day 20 Age Y. 70 M. — D. Native of Md Occupation Farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

~~Husband~~ ~~Wife~~ of Single 57

Father's Name Wm Wallace Mother's Name Doris Knowl

Cause of Death Primary Valvular disease of heart How long sick

Immediate Doris Knowl, Died alone ~~Accident, Suicide, Homicide~~

Reported by J L Noble M.D.

Address Poston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65063

Name In Full Ira Walton

Certificate of Death

Died at Town Preston County Caroline MARYLAND

Date 189 Month 5 Day 10

Age Y. 1 M. 6 D.

Native of

Occupation

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband of
Wife

Father's Name Rev. Oliver L. Walton

Mother's Name

Cause of Death: Primary 161

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Connie Salisbury

Address [redacted] 5-13

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79PPR